

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Michael Montplaisir
 Cass County Auditor
 211 9th Street S
 Fargo, ND 58103
 Cert. No. 7019 2280 0000 0692 7559
 Case No. PU-20-381

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

- Agent
 Addressee

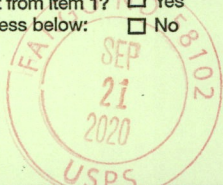
B. Received by (Printed Name)

Brian Charles

C. Date of Delivery

9-21-20

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



9590 9402 6143 0209 1

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 Return receipt
 United States Postal Service

7019 2280 0000 0692 7559

- Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)
- Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

USPS TRACKING #



9590 9402

United States
Postal Service

RECEIVED

SEP 24 2020

NORTH DAKOTA
PUBLIC SERVICE COMMISSION

11 **PU-20-381**
Return receipt

Filed: 9/25/2020

Pages: 2

First-Class Mail
& Fees Paid
G-10

United States Postal Service

box*

ND Public Service Commission
Attn: Public Utilities Division
600 E Boulevard Ave. Dept. 408
Bismarck, ND 58505-0480